

## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

QM02/0816

J DAVID WHARTON ESQ  
SHOOK HARDY & BACON LLP  
1200 MAIN STREET  
KANSAS CITY MO 64105-2118

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/553,923	04/20/00	026	JOYCE, H	3749 08/16/01
First Named Applicant	HUNTER, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION BIOLOGICAL SAFETY CABINET WITH IMPROVED AIR FLOW

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	LABC.69892	454-058.000	K73	UTILITY	YES \$620.00	11/16/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Shook, Hardy & Bacon  
1200 Main Street  
2 Kansas City, MO 64105  
3

3. ASSIGNEE NAME AND RESIDENCE DATA  
PLEASE NOTE: Unless an assignee is identified, the data will appear on the patent. Inclusion of assignee data is only appropriate if the PTO or is being submitted under separate filing an assignment.

(A) NAME OF ASSIGNEE

LABCONCO CORPORATION

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

KANSAS CITY, MISSOURI

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The enclosed (make check payable to Commissioner of Patents and Trademarks):  
☐ Advance Order.

4b. The following fees or deficiencies should be charged to:  
DEPOSIT ACCOUNT NUMBER 19-2112  
(ENCLOSE AN EXTRA COPY OF THIS FORM)

☐ Issue Fee  
☐ Advance Order - # of Copies

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE

01/25/2002 MBER1 0000157 09553923 640.00 01 FC:242